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Atty Docket No. 022132-001110US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Jeffrey S. Lundgren

Group Art Unit 1639

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EXAMINER Jeffrey S. Lundgren

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I hereby certify that the following documents in re Application of Jeff Blaney, et al., Application No. 10/821,662, filed April 9, 2004 for COMPOUND LIBRARIES AND METHODS FOR DRUG DISCOVERY are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Petition for Extension of Time (in duplicate)
3. Response to Restriction Requirement

Number of pages being transmitted, including this page: 6

Dated: June 5, 2006

Cortney Gollands
Cortney Gollands

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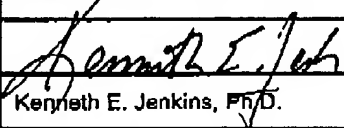
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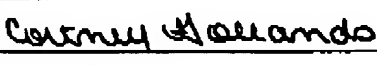
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PTO/SB/21 (03-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/821,662
	Filing Date	April 9, 2004
	First Named Inventor	Blaney, Jeff
	Art Unit	1639
	Examiner Name	Jeffrey S. Lundgren
	Attorney Docket Number	022132-001110US
Total Number of Pages in This Submission		5

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Kenneth E. Jenkins, Ph.D.		
Date	June 5, 2006	Reg. No.	51,846

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